

MONTANA BOARD OF CHIROPRACTORS
CHERYL SMITH, BOARD ADMINISTRATOR
P O BOX 200513
HELENA, MONTANA 59620-0513
(406) 841-2393 FAX (406) 841-2305
E-MAIL dlibsdchi@mt.gov
WEBSITE: <http://mt.gov/dli/chi>

LICENSURE REQUIREMENTS FOR CHIROPRACTOR INTERNS OR PRECEPTORSHIP

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION.

A. PRECEPTORSHIP/INTERN PERMIT AND POST-GRADUATE PRECEPTORSHIP

- 1) Preceptor/Intern application form.
- 2) Submit a \$25 intern fee and a \$25 preceptor fee – total \$50.
- 3) The sponsoring preceptor and the student intern must submit a signed and notarized condition statement with the application.
- 4) The student intern must submit a letter from the chiropractic college the student is attending, listing the student's date of matriculation and expected graduation.
- 5) The student intern must submit current transcripts from their chiropractic college.
- 6) The student intern must take and pass the Montana Jurisprudence Exam with a minimum score of 75%. This is an open book examination covering the statutes and regulations. The Examination downloads with the application.
- 7) The Preceptor (the licensed Montana D.C.) must be in good standing with the Board.
- 8) The Preceptor must have a minimum of five years of practice in the State of Montana.

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**APPLICATION FOR
INTERN/PRECEPTORSHIP OR
POST-GRADUATE PRECEPTORSHIP**

FEE: \$25.00 FROM INTERN, \$25.00 FROM PRECEPTOR -- TOTAL \$50.00

NAME OF STUDENT INTERN _____

DATE OF BIRTH: _____ SOC. SEC. #: _____

ADDRESS _____
CITY STATE ZIP

PHONE: DAY () _____ EVENING () _____ E-MAIL: _____

NAME & ADDRESS OF CHIROPRACTIC COLLEGE YOU ARE ATTENDING:

1. HAVE YOUR CHIROPRACTIC COLLEGE SEND A LETTER DIRECTLY TO THE BOARD STATING YOUR DATE OF MATRICULATION AND EXPECTED DATE OF GRADUATION
2. HAVE CHIROPRACTIC COLLEGE SEND, DIRECTLY TO THE BOARD, A CERTIFIED COPY OF YOUR CURRENT TRANSCRIPT
3. ATTACH THE APPROPRIATE SIGNED FORM:
 - AGREEMENT OF CONDITIONS FOR INTERNSHIP/PRECEPTORSHIP
 - AGREEMENT OF CONDITIONS POST-GRADUATE PRECEPTORSHIP

4. DATES OF INTERNSHIP: FROM _____ TO _____

SUPERVISING PRECEPTOR _____ LICENSE #: _____

ADDRESS _____
CITY STATE ZIP

PHONE NUMBER _____

SIGNATURE OF STUDENT INTERN _____ DATE _____

NOTARY PUBLIC
STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 ____ by

NOTARY PUBLIC My Commission expires: _____

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AGREEMENT OF CONDITIONS
FOR INTERNSHIP/PRECEPTORSHIP

1. Chiropractic students entering into this agreement must work under the direct supervision and presence of a chiropractor licensed in the State of Montana.
2. The intern cannot sign insurance, Workers' Compensation claims, Medicare claims, or birth or death certificates as only licensed practitioners have this right.
3. The intern must follow all the laws and rules regarding the licensed practice of chiropractic. The preceptor acknowledges that he/she may be held responsible for any deviations from such legal practices. The intern acknowledges that such deviations may be grounds for termination of intern privileges as well as denial of licensure.
4. The intern is not a licensed chiropractor in the State of Montana and may not advertise as such. The intern must at all times hold himself/herself out to be an intern working under the supervision and license of the preceptor.

We the undersigned agree to the above conditions for serving an internship/preceptorship in the State of Montana.

INTERN: _____ **PHONE #:** _____
Print name

MAILING ADDRESS _____

INTERN SIGNATURE _____ **DATE** _____

NOTARY PUBLIC
STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____ by

NOTARY PUBLIC My Commission expires: _____

PRECEPTOR: _____ **LIC#** _____ **ISSUE DATE** _____
Print name

PHONE # : _____

MAILING ADDRESS _____

PRECEPTOR SIGNATURE _____ **DATE** _____

NOTARY PUBLIC
STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____ by

NOTARY PUBLIC My Commission expires: _____

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AGREEMENT OF CONDITIONS
POST GRADUATE PRECEPTORSHIP

1. Post-graduate interns entering into this agreement must work under the direct supervision and presence of a chiropractor licensed in the State of Montana.
2. The intern cannot sign insurance, Workers' Compensation claims, Medicare claims, or birth or death certificates as only licensed practitioners have this right.
3. The intern must follow all the laws and rules regarding the licensed practice of chiropractic. The preceptor acknowledges that he/she may be held responsible for any deviations from such legal practices. The intern acknowledges that such deviations may be grounds for termination of intern privileges as well as denial of licensure.
4. The intern is not a licensed chiropractor in the State of Montana and may not advertise as such. The intern must at all times hold himself/herself out to be an intern working under the supervision and license of the preceptor.

We the undersigned agree to the above conditions for serving in a post-graduate preceptorship in the State of Montana.

INTERN: _____ **PHONE #:** _____
Print name

MAILING ADDRESS _____

INTERN SIGNATURE _____ **DATE** _____

NOTARY PUBLIC
STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____ by

NOTARY PUBLIC My Commission expires: _____

PRECEPTOR: _____ **LIC#** _____ **ISSUE DATE** _____
Print name

PHONE # : _____

MAILING ADDRESS _____

PRECEPTOR SIGNATURE _____ **DATE** _____

NOTARY PUBLIC
STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____ by

NOTARY PUBLIC My Commission expires: _____

MONTANA BOARD OF CHIROPRACTORS
P O BOX 200513
HELENA MT 59620-0513

PLEASE PRINT

NAME _____
(LAST) (FIRST) (INITIAL)

DATE: _____

MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION

This is an open book exam. A passing score of 75% is required for licensure.

Section I contains 20 true/false questions.

Section 2 and Section 3 contain 10 questions each that describe actions that are in violation of the Montana Chiropractic Code Annotated (Statutes) and Administrative Rules of Montana (Rules). Any of these violations can lead to SUSPENSION, RESTRICTION or REVOCATION of the chiropractor's license. Write the complete section number of the most applicable statute or rule in the blank next to the violation, including the sub-sections.

By submitting this form I verify that I am the person that has completed this examination.

Address: _____
(Street) (City) (ST) (Zip)

Daytime Phone (_____) _____ Evening Phone (_____) _____

e-mail address _____

PLEASE PLACE MY LICENSE ON: ACTIVE _____ INACTIVE _____

SECTION I -- Each question is worth 2 points

Mark each question with T(True) or F(False)

- _____ (1) An applicant for licensure must submit a completed application. A complete application does not require exam scores from the National Board of Chiropractic.
- _____ (2) Licensees can sign birth and death certificates.
- _____ (3) A temporary permit is granted to all applicants upon application.
- _____ (4) Complaints filed against a licensee for violation of a statute or rule must be filed with Montana Chiropractic Association.
- _____ (5) Licenses must be renewed annually by date of birth:
- _____ (6) The Montana Chiropractic Association appoints the members to serve on the Board of Chiropractors.
- _____ (7) The Board requires 15 hours of continuing education annually to qualify for license renewal.
- _____ (8) Six continuing education credits can be accumulated and carried over from one renewal year to the next.
- _____ (9) To qualify as an impairment evaluator, the licensed chiropractor must have been in active practice in Montana for five years.
- _____ (10) Applicants for licensure must be a graduate of a chiropractic college approved by the Board.
- _____ (11) Chiropractors may diagnose, palpate and treat the human body by the application of manipulative, manual, mechanical, dietetic methods, including chiropractic physiotherapy, the use of supportive appliances, diagnostic x-ray, minor surgery, and analytical instruments.
- _____ (12) A licensed chiropractor that wants to become a preceptor to a student intern must have practiced for a minimum of 5 years.
- _____ (13) Chiropractic in Montana does not include surgery, the prescription or use of drugs, or needle acupuncture.
- _____ (14) An intern can see patients even though the preceptor has left the office for the day.
- _____ (15) A lapsed license that is not renewed within one year of the most recent renewal date automatically terminates.
- _____ (16) Upon being served a malpractice suit, a Montana licensee may have their case submitted before the Montana Chiropractic Legal Panel.
- _____ (17) Having a physical or mental disability that renders the licensee unable to practice chiropractic with reasonable skill and safety is considered unprofessional conduct and could lead to license revocation.

SECTION I - CONTINUED

- _____ (18) A chaperone must be present at all times a patient is examined and treated intra-vaginally.
- _____ (19) A license must be renewed annually. All applicants for renewal who have not paid the renewal fee on or before the renewal date shall pay an additional late fee.
- _____ (20) An impairment rating must be based on the current edition of the Guides to the Evaluation of Permanent Impairment published by the American Medical Association.

EXAMINATION CONTINUES ON NEXT PAGE

SECTION 2 - Each question is worth 3 points

Section 2 contains 10 questions each that describe actions that are in violation of the Montana Chiropractic Code Annotated (Statutes). Any of these violations can lead to **SUSPENSION**, **RESTRICTION** or **REVOCATION** of the chiropractor's license. Write the complete section number of the most applicable statute in the blank under the violation, including the sub-sections.

MONTANA CODE ANNOTATED
(STATUTES)

1. Licensee has another person complete this examination.

2. Licensee fails to report the finding of hepatitis, TB, or AIDS.

3. Licensee allows an unlicensed person to treat and bill under his/her name and license.

4. Licensee misrepresents facts on application when securing a license.

5. Licensee places an advertisement implying he/she is a medical physician.

6. Licensee becomes addicted to drugs or alcohol.

7. Licensee advertises permanent cures for incurable diseases.

8. Licensee is convicted of a felony.

9. Licensee reveals confidential information about a patient without patient's consent.

10. Licensee's license from another state was suspended or revoked.

EXAMINATION CONTINUES ON NEXT PAGE

SECTION 3 -- Each questions is worth 3 points

Section 3 contains 10 questions that describe actions that are in violation of the Administrative Rules of Montana (Rules). Any of these violations can lead to SUSPENSION, RESTRICTION or REVOCATION of the chiropractor's license. Write the complete section number of the most applicable rule in the blank under the violation, including the sub-sections.

ADMINISTRATIVE RULES OF MONTANA

1. Licensee recommends treatments in excess of what is warranted by patient's condition.

2. Licensee advertises in such a manner that implies certification or specialty in a particular area, when the specialty or certification has not been approved by the board.

3. Licensee fails to obtain 12 hours of continuing education prior to license renewal.

4. Licensee, under false pretenses, defames another chiropractor.

5. Licensee refers patient to another health care practitioner or facility and accepts a referral fee.

6. Temporary permit holder treats patients without on premise supervision.

7. Licensee performs inappropriate breast examination.

8. Licensee fails or refuses to make records available to the Board upon request.

9. Licensee allows student intern to sign insurance claims.

10. Licensee charges insurance companies a higher fee than patients who do not have insurance.

END OF EXAMINATION

Please return, by CERTIFIED MAIL, to:
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